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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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S. WARREN DEC 2 8 2017



2101 Park Center Drive, Ste. 220 Orlando, FL 32835 Phone: 800-561-4148 Fax: 407-386-8522 20110:8.20 18 6:89

December 20, 2017

Re: Registration

To Whom it may concern,

Enclosed is the Registration we previously sent in. I spoke with Brittany due to our original filing being rejected. I was told to just change the name to what we chose which is Metro TR, LLC and not to send money because you have the original check. Please contact me if you have any questions with this filing. Thank you and have a Happy Holiday

Sincerely,

Nancy Gillette
Administrative Assistant
2101 Park Center Drive
Suite 220
Orlando, Florida 32835
Nancy@abacussettlements.com
407-988-1021

COVER LETTER

TO:	Registration Section Division of Corporation	ns				
SHRT	Metro Trust LLC					
		Name of	Limited Liability (Company		
The er Existe	nclosed "Application by For nce, and check are submitte	eign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida," Cer company to transact business	tificate of in Florida.
Please	return all correspondence c	concerning this matter to the	following:			
	Karen Teller					
		N	ame of Person			
	Metro Trust LE	.C				
		F	irm/Company			
	2101 Park Cent	ter Drive, Ste 220				
			Address			
	Orlando, FL 32	2835				
		City/S	tate and Zip Code			
	karen@kmggh.c					
		E-mail address: (to be use	d for future annual	report not	ification)	
For fu	rther information concernin	g this matter, please call:				
	Karen Teller		407 at (455-77 _)	08	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding recutive Center Circle see, FL 32301	
Enclos	sed is a check for the follow \$125.00 Filing Fee	ring amount: \$\Begin{align*} \Begin{align*} \Begin	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certif of Status & Certified Copy	icate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name may adable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limite	d Liability Company," "L L C," or "LLC,")
2	high foreign limited liability company is organized)	3. 35-2508562	
(Junsdiction under the law of v	thich foreign limited liability company is organized)	(rel	number, if applicable)
4. 12/01/2017			
	(Date first transacted business in Florida, il prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) me penalty liability)	
5. 2101 Park Center Dri (Street Address of		6. 2101 Park Center Drive	Address)
Ste 220	rmeipa Omce,	Ste 220	^ · · · · · · · · · · · · · · · · · · ·
Orlando, FL 32835		Orlando, FL 32835	7 0
, p			
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	26 日
Name:	Karen Teller		
	421 1111		17 1 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Office Address:	431 Whipperwill Way		
Registered agent's acce Having been named as r designated in this applica	Winter Garden (Cny) otance: egistered agent and to accept service of patient, I hereby accept the appointment as	process for the above stated lim s registered agent and agree to	ited liability company at the place act in this capacity. I further agree
Registered agent's acception and agent's acception and agentical agent age	Winter Garden (Cny) otance: egistered agent and to accept service of p	corocess for the above stated lim s registered agent and agree to	ited liability company at the place act in this capacity. I further agree
Registered agent's acception that the second agent's acception that the second to comply with the provision to comply with the provise the complex that the provise the complex that the complex t	Winter Garden (Cuy) otance: egistered agent and to accept service of parties, I hereby accept the appointment assistence of all statutes, relative to the proper	oroccss for the above stated lims registered agent and agree to and complete performance of the complete performance performance of the complete performance performan	ited liability company at the place act in this capacity. I further agree
Registered agent's acception to comply with the provisand accept the obligation. 8. The name, title or cap	Winter Garden (City) Stance: Segistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper s of my position as registered agent. (Registered agent's a gent's	process for the above stated limes registered agent and agree to and complete performance of support of suppor	ited liability company at the place act in this capacity. I further agreemy duties, and I am familiar with
Registered agent's accel Having been named as r designated in this applicate comply with the provisand accept the obligation. S. The name, title or cap Title or Capacity:	Winter Garden (Cny) otance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper s of my position as registered agent. (Registered agent's a acity and address of the person(s) who ha Name and Address:	orocess for the above stated lims registered agent and agree to and complete performance of a segmentation of the segment of t	ited liability company at the place act in this capacity. I further agreemy duties, and I am familiar with etc. Name and Address:
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Registered agent's acceptaving been named as redesignated in this applicate comply with the provisand accept the obligation. 8. The name, title or captitle or Capacity: MGRM	Winter Garden (Cny) otance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper is of my position as registered agent. (Registered agent's a acity and address of the person(s) who ha Name and Address: Ganovsky, Matthew 11450 Lake Butler Blvd Windermere, FL 34786 Kirby, K. Scott 618 W. 2nd Ave Windermere, FL 34786	oroccss for the above stated lims registered agent and agree to and complete performance of a signature) s/have authority to manage is/ar Title or Capacity: MGRM	e: Name and Address: Todd. S. McNealy 6131 Grosvenor Shore Di Windermere, FL 34786 Michael, S. McGonnell 9519 Westover Club Circle

Signature of an authorized person

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "METRO TRUST, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SIXTH DAY OF DECEMBER, A.D. 2017.

Authentication: 203701350

Date: 12-06-17